

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 323-0503



July 31, 1989

CMSP Letter 89-3

TO: ALL COUNTY HEALTH DEPARTMENTS

SUBJECT: REVISED CMSP CARDS

Effective July 1, 1989, County Medical Services Program (CMSP) beneficiaries will receive revised eligibility cards issued through both the County Welfare Departments and the State Department of Health Services. (See attached card schematic, Figures 1 and 2). The revised CMSP card (CMSP-303) reflects input from the Eligibility Subcommittee of the Small County Advisory Committee (SCAC) and the CMSP County Welfare Departments to better assist provider billing and beneficiary utilization. The revised CMSP card includes information on the front of the card to more clearly identify the valid month, any share-of-cost required and cert date, as well as any other health insurance coverage. Also included on the front of the card are signature and date lines. From the signature line, providers are encouraged to verify the identification of the CMSP beneficiary being served.

Although County Health Departments are not directly involved in the issuing or use of the CMSP cards, you are being informed of this change should you receive any questions from beneficiaries. Please refer beneficiary questions to your County Welfare Department.

Sincerely,

A handwritten signature in cursive script that reads "Jim Martinez".  
Jim Martinez, Chief  
County Medical Services Program

**COUNTY MEDICAL SERVICES PROGRAM (CMSP) IDENTIFICATION CARD**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTY OF HUMBOLDT  
 12-84-0012345-0-60 \*\*1\*\*  
 SSN: 222-33-4444 \*\*8\*\*  
 DOB: 05/18/1960 M

OTH COV: B

FIRST-NAME I LAST-NAME.....  
 FIRST ADDRESS LINE.....  
 SECOND ADDRESS LINE.....  
 THIRD ADDRESS LINE.. 95821

VALID: MAR 1988	10
WORKER: 1234	11
SHARE OF COST: 0023	12
CERT: 03/15/88	13

THIS IS NOT A STATE MEDI-CAL CARD  
 Services available under this county medical program are limited. The CMSP beneficiary may receive covered services from approved providers located in any California county. Only emergency services are covered outside the State unless prior authorized. See instructions for billing on reverse side.

PROVIDER OF SERVICES: By accepting this card and providing covered services, you agree to accept CMSP payment rates as payment in full and to follow CMSP policies and regulations (17, CCR, 1498 et seq). See instructions on reverse side.

BENEFICIARY: You must present this card to your provider when you seek medical attention. See instructions on reverse side.

(CMSP 303)

**FIGURE 1. CMSP CARD (FRONT)**

- |                                       |   |
|---------------------------------------|---|
| 1. Beneficiary County of Residence    | 9. Beneficiary Social Security Number Check Digit                         |
| 2. Beneficiary ID Number              | 10. Valid Month of Card   |
| 3. Beneficiary Social Security Number | 11. County Worker Number  |
| 4. Beneficiary Date of Birth          | 12. Share of Cost Amount  |
| 5. Other Coverage Indicator           | 13. Date of Certification<br>(Only applies for SOC Beneficiaries 85 & 89) |
| 6. Beneficiary Name and Address       | 14. CMSP General Information  |
| 7. Sex of Beneficiary                 | 15. Provider Instructions   |
| 8. Beneficiary ID Number Check Digit  | 16. Beneficiary Instructions  |

**THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER THE COUNTY MEDICAL SERVICES PROGRAM**

**CMSP MEDICAL PROVIDER INFORMATION**

- Providers must make a good faith effort to verify the beneficiary identity before rendering services.
- Providers must bill any other health insurance prior to billing CMSP. See provider manual for exceptions.
- Out-of-state providers should contact the Department of Health Services for information and billing instructions prior to providing services.
- CMSP utilizes the Medi-Cal Fiscal Intermediary for processing claims. Consult your provider manual.
- CMSP rates are generally paid at 100% Medi-Cal. Consult your provider manual.

**CMSP DENTAL PROVIDER INFORMATION**

- Dental providers must also abide by the provisions listed above.
- Providers of dental services should note that dental coverage under the CMSP differs substantially from Medi-Cal coverage.
- Providers of dental services should submit claims on either a CDA or ADA billing form to:  
 County Medical Services Program  
 714 P Street, Room 523  
 P.O. Box 942732  
 Sacramento, CA 94234-7320

A copy of pertinent X-ray and valid CMSP card must be attached. There is no prior treatment authorization request for the limited CMSP dental services.

**CMSP BENEFICIARY INFORMATION**

- It is a crime for you to sell or lend your CMSP card to any person or furnish or give your CMSP card to any person other than your provider of services as required under CMSP regulations. (22, CCR, Sec 50733)
- You should carry your CMSP card with you at all times. Present this card to your provider of services at each visit. Make sure the card is returned to you.
- You must report any changes of income, property, or other health coverage within ten days to your county welfare department.
- If you are dissatisfied with any decisions regarding medical care under the CMSP, you have the right to request a hearing by the Department of Social Services. You should either request a copy of the Medical Care Hearing Request, Form 1175, from your Eligibility Worker, or telephone the Public Inquiry & Response Unit at 1-800-952-5253. The completed Form 1175 should be mailed to the address listed on the form.

**FIGURE 2. CMSP CARD (BACK)**